



Security Industry Authority

Approved Contractor Scheme Change of Circumstance Form

ACS Change of Circumstance Form

General Information

- The Approved Contractor Scheme (ACS) is a voluntary scheme for the private security industry open to organisations subject to regulation by the Security Industry Authority (SIA).
- Please use **black** ink only when completing this form. Please submit your completed form through your online business account. Any application form that is received via post or email will not be processed and returned.
- Use this form to tell the SIA about significant changes that are relevant to ACS approval.
- Do not use this form for re-registration or renewal of approval or to apply for approval in additional sectors – use the separate ACS application form available from the SIA.
- Fields indicated with **!** are mandatory for processing of the change of circumstance and must be filled in.
- At the top of each section where no changes have occurred use the tick box (example shown below) to indicate the information has not changed.
 Tick if details within this section are unchanged from previous change of circumstances
- All personal information provided in this change of circumstance form will be processed by the SIA in accordance with current data protection legislation. All information provided will be held by the SIA and used to assess suitability of the change request and for communications between the SIA and the approved contractor. It may be made available to the ACS assessing body as part of the assessment process and may also be disclosed to other government departments, agencies, local authorities and other bodies to carry out the functions of the SIA. Information will not be shared with other organisations except where required by law.
- The electronic version of the application will be kept on file as per the ACS Document Retention Policy.

If you have any enquiries relating to your ACS change of circumstance please [contact us](#) through your online business account. selecting 'Contact Us – I want to make a business enquiry' and quote 'ACS' in your correspondence

ACS Change of Circumstance Form

Please fill in details regarding the type of change of circumstance you are submitting

Section A – Change of Circumstance Type

! A1 **What kind of change of circumstance are you submitting?**

A2	<input type="checkbox"/> Change of company name	Change effective	<input type="text" value="/ /"/>	(DD/MM/YY)
A3	<input type="checkbox"/> Merger	Change effective	<input type="text" value="/ /"/>	(DD/MM/YY)
A4	<input type="checkbox"/> Acquisition	Change effective	<input type="text" value="/ /"/>	(DD/MM/YY)
A5	<input type="checkbox"/> Transfer of Approval	Change effective	<input type="text" value="/ /"/>	(DD/MM/YY)
A6	<input type="checkbox"/> Other	Change effective	<input type="text" value="/ /"/>	(DD/MM/YY)

Please continue by completing only the sections that apply to your change of circumstances.

A7 Contact Details		Details of primary contact person	Details of secondary contact person
A8	Title	<input type="text"/>	<input type="text"/>
A9	Forename (s)	<input type="text"/>	<input type="text"/>
A10	Surname	<input type="text"/>	<input type="text"/>
A11	Position	<input type="text"/>	<input type="text"/>
A12	Direct line/ switchboard	<input type="text"/>	<input type="text"/>
A13	Mobile number	<input type="text"/>	<input type="text"/>
A14	Fax number	<input type="text"/>	<input type="text"/>
A15	Email address	<input type="text"/>	<input type="text"/>
A16	Company website	<input type="text"/>	
A17	Postal address for correspondence		
A18	Company name	<input type="text"/>	
A19	Building number	<input type="text"/>	
A20	Street name	<input type="text"/>	
A21	Town/city	<input type="text"/>	
A22	County	<input type="text"/>	
A23	Postcode	<input type="text"/>	
A24	PO box number (if applicable)	<input type="text"/>	

ACS Change of Circumstance Form

Section B – Change of company name

Please provide details relating to the change of company name.

Trading details

B2 Previous registered name



B3 Previous trading name of organisation (if different)

B4 Date company name was changed / (DD/MM/YY)

B5 New company name

B6 New trading name (if different)

B7 Please provide a copy of your new Companies House certificate Yes

Section C – Merger

C1 Please name the companies involved in the merger (including Companies House registration numbers) and indicate whether the companies are approved contractors

Company	Registration No.	Approved Contractor

C2 Has the merger already occurred? Yes No

C3 If no, please state the date the merger will take place / (DD/MM/YY)

C4 If the company name will change after the merger please state the new company name

C5 As per Get Approved, approval condition 9, have all customers been informed of this change?
 Yes No

ACS Change of Circumstance Form

Section D – Acquisition

D1 Which company is being acquired?

D2 Is the company an approved contractor? Yes No

D3 If no, please state which company is involved in the acquisition is not approved and provide their Companies House registration number

Company	Registration No.

D4 If yes, do all the companies involved hold approval for the same sectors? Yes No

D5 If they do not then please explain below which companies are approved for which licensable sectors

Company	Sectors approved for

D6 Will the companies involved carry on trading as separate entities? Yes No

ACS Change of Circumstance Form

D7 If yes then please state any trading names that will be used

Company	Trading Name

D8 If no, then please say which company will carry on trading

D9 Will the company name stay the same? Yes No

D10 If no, please state the new company name

D11 Has the acquisition already occurred? Yes No

D12 If no, please state the date the acquisition will take place

D13 As per Get Approved, approval condition 9, have all customers been informed of this change?

Yes No

ACS Change of Circumstance Form

Section E – Transfer of Approval

The SIA cannot generally transfer approval from one legal entity to another and a complete, new application for approval will usually be required from the new entity using the ACS Application Form. Please complete all relevant information and we will advise further.

E1 Please give the name of the new organisation you wish to be approved

! E2 Trading name of organisation (if different)

! E3 Year trading since

E4 Date business became incorporated (if applicable) (DD/MM/YY)

E5 Company or Limited Liability Partnership registration number (if applicable)

E6 UK Public Limited Company

E7 UK Limited Company

E8 UK Partnership

E9 UK Sole Trader

E10 Other (please specify)

E11 Is this organisation a parent or subsidiary of the current approved contractor?

Yes No

! E12 Does this organisation have any associated (e.g. within a group structure) or subsidiary companies which carry out SIA licensable activities?

Yes No

	Non-FL	CCTV	CP	CVIT	DS	KH	PI	SG	VI
! E18 Number of licensable staff (both employed and self employed)									
! E19 Number of licences held									
! E20 Number of licence applications pending									

E21 Will TUPE arrangements apply for transfer of staff to the new organisation? Yes No

E22 Will customers be notified of any change to their security supplier? Yes No

E23 Please provide the following information for the organisation that you wish to be approved: (Tick to indicate document enclosed)

- Certificate of Employers and Public Liability Insurance (*copy of*)
- VAT Registration certificate (*copy of*)
- Certificate of Incorporation (*copy of*)
- Original letter (this will be returned) from a recognised body showing company name and address e.g. utility bill, letter from a local or central government department etc.
- Lists of current customers and sites where security is provided
- An up-to-date staff list including full name, and licence number or licence application number (both employed and self employed)

ACS Change of Circumstance Form

Section F – Other Change of Circumstance

Please use this sheet to include information required for processing your change of circumstance.

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ACS Change of Circumstance Form

Section G – Relationships with ACS Assessing Bodies

Please give details of your ACS assessing body if applicable.

G1 Assessing Body Name *(if decided)*

G2 Date next ACS Assessment scheduled (if known)

 (DD/MM/YY)

G3 Date of last ACS assessment

 (DD/MM/YY)

ACS Change of Circumstance Form

Section H – Authorised Signatory

Authorisation to submit a change of circumstance request must be given by a senior responsible person e.g. CEO, senior partner, owner/manager etc. of the applicant organisation.

H1 Declaration and Consent

I confirm that I have read and understand the contents of the ACS change of circumstance form.

I understand that under Section 22 of the Private Security Act 2001 it is an offence to make a statement to the SIA which I know to be false.

I confirm that the information I have provided in support of this change request is, to the best of my knowledge, true and complete in all respects.

I give consent for HMRC to share any relevant information with the Security Industry Authority

I am aware that once any change is made to an approval, information about the change will be placed on the public SIA Register of Approved Contractors.

I have seen, read and agree to be bound by the approval conditions as outlined in Get Approved available on the SIA website.

!	H2	Signature	<input type="text"/>
!	H3	Print name	<input type="text"/>
!	H4	Position	<input type="text"/>
!	H5	Date	<input type="text" value="/ /"/> (DD/MM/YY)

We will not accept this change of circumstance without an appropriate authorised signature.

Data Protection and Privacy Notice

All personal information provided in connection with your change of circumstance will be processed by the SIA in accordance with current data protection legislation. All information provided will be held by the SIA and used to assess suitability of this ACS change of circumstance and for communications between the SIA and the applicant. It will be made available to the ACS assessing body as part of the assessment process. The SIA shares information with a number of organisations in order to conduct checks against the ACS criteria and conditions. These organisations include Companies House, the Insolvency Service, Equifax, HMRC, the Police, Assessing Bodies, customers of the applicant business, payroll or finance companies contracted with the applicant business and consultants acting on behalf of the business.

These checks also include the SIA contacting HM Revenue and Customs (HMRC) to verify the information provided for the purposes of assessing this change of circumstances. By submitting this application I authorise HMRC to disclose information to the SIA for this purpose. The SIA also shares and receives information with other government agencies in order to check the information we hold / they hold is accurate, to prevent or detect crime, or as otherwise allowed by law. For example, the information you provide may be shared with agencies such as the Home Office, the Police, HM Revenue and Customs, Department for Work and Pensions, and local authorities.

More information: For more information on how the information you provide is used, how long we store information, how we maintain the security of the information we hold, and rights to access the information we hold, please see the SIA's Privacy Policy on the SIA website.



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Section I – Continuation Sheet

Please use this sheet to include extra information required for processing your change of circumstance. Refer to the section and line reference where appropriate. Please duplicate this page if necessary.

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Security Industry Authority Approved Contractor Scheme
**Completed forms should be submitted through your SIA
online business account, selecting 'Contact the SIA – I want to
make a business enquiry'. Please quote 'ACS' in your
correspondence.**

www.sia.homeoffice.gov.uk/acs